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SOSC CLERK, COLUMBIA, SC

7. Approximate date of disposition: N/A

## II. PLACE OF PRESENT CONFINEMENT

A. Name of Prison/Jail/Institution: Charleston County Detention CenterB. What are the issues that you are attempting to litigate in the above-captioned case? Medical MalpracticeC. (1) Is there a prisoner grievance procedure in this institution? Yes X No       (2) Did you file a grievance concerning the claims you are raising in this matter? Yes        No XWhen                                  Grievance Number (if available)                                 D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes X No       E. When was the final agency/departmental/institutional answer or determination received by you? 12/20/08*If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.*F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes X No       

G. If your answer is YES:

1. What steps did you take? They would not let me file anything2. What was the result? none

## III. PARTIES

*In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.*A. Name of Plaintiff: Lloyd Wright Inmate No.: 209826Address: CCDC, 3841 Leeds Ave, N. Charleston, SC. 29405*In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.*B. Name of Defendant: AL Cannon Position: SheriffPlace of Employment: CCDC

C. Additional Defendants (provide the same information for each defendant as listed in Item B above):

MITCH P. LUCAS - Jail AdminMedical Staff - Nurse Garland

## IV. STATEMENT OF CLAIM

State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

ON 12-14-08 I RECEIVED MEDICATION FROM THE NURSE FOR MY BLOOD PRESSURE. AT THIS TIME I RECEIVED ONE NEW PILL WHICH I DID NOT RECOGNIZE. I WENT TO MY ROOM APPROX. 11:30 PM AFTER SLEEPING FOR ABOUT 1 1/2 HOURS. THEN I WAS AWAKENED BY AN INCREASED HEART BEAT AND WAS SWEATING UNCONTROLLABLY. AT THIS TIME A CELL MATE GOT THE ATTENTION OF THE C.O. RHUIDEN. THE C.O. EXCORTE ME TO MEDICAL. THE NURSE IN MEDICAL HAS ADMINISTERED AN EKG AND I WAS GIVEN ANOTHER ("PILL UNDER MY TONGUE"). THE NURSE TOLD ME THAT I WAS CLOSE TO HAVING A HEART ATTACK. AT THIS TIME EMS WAS DISPATCHED TO TAKE ME TO M.U.S.C. UPON ARRIVAL I WAS UNCONSCIOUS. AFTER EXAMINATION WE RETURNED ON THE 12-15-08 BACK TO C.C.D.C.

I LATER DISCOVERED THE PILL THAT WAS GIVEN TO ME THAT I DID NOT RECOGNIZE WAS (~~ALOMAX~~)  
(NORVANE)



## V. RELIEF

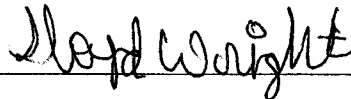
State briefly and exactly what you want the court to do for you.

Compensatory damages:  
1,000,000.00

Punative damages:  
5,000,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20<sup>th</sup> day of JANUARY, 2009



Signature of Plaintiff